STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE WASHINGTON FEMPLE ARE THE STEPSELD MEETERDERESPILE LARGER MD PERESET PROPERTY CHESTAGE CATE HAT WELLIAM SOMES FOR ELLAND The state of the s 11 12 1/12 ME HORE Sweet Event Event The MATERIAL STORES AND STORES AND SERVED STORES STORES

1	11-	FOR STATE REGISTRAR		٨	DEPARTMENT OF	FHEALTH	AND MENTAL HY ERTIFICATE OF	4,0	REG. NO.	206	1
25 of 11 2 12		CEASED NAA		ldred	Adams		Custis	2a DATE KN OF I DEATH M	IOWN MONTE	23 19 82	2b. HOUR
	3. SE	male	4. RACE white	5. DATE OF BIR MONTH D April	10,1895 86	YEARS IF UN	DER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCI DEAD	MONTH	23 ₁₉ 82	2d. HOUR 5:30,P
35		RTHPLACE OREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRIED	Some	erset Cou		MD.
DELAY IS N 1 TO THE R N PAGE 5 0 BE FILED 205 201		Prince	ssAnne		HOSPITAL, NURSING HOL CHEACHITY, GIVE STREET ADDRESS STEWART THE CK		ER INSTITUTION 1	20 USUAL OCCUPATION Housewi	TION (TYPE OF WORK G LIFE)	OR INDUST	USINESS
AORE, MD. 21201 R DEATH. IF ANY DELAY IS TAGES 1, 2, AND 31 O THE PRAY PROVIDE FILED IN A SOLITAL RECORDS, 201 A OSCUTAL RECORDS, 201 A DELATED IN TAGE A SOLITAL RECORDS, 201 A DELATED IN TAGE A DELATED IN TAGE A SOLITAL RECORDS, 201 A DELATED IN TAGE A DELATED IN TAGE A SOLITAL RECORDS, 201 A DELATED IN TAGE A DELATED I	13a. S	AL RESIDENCE TATE Md •	E (IF IN NURSING HOME T3b. COUI SOI	or other institution	n, GIVE RESIDENCE BEFORE ADMIT 13c. CITY OR TOWN Princess		13d. INSIDE CITY LIMITS? 1	3e. STREET ADDRESS	Neck F	?d•	
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7 P P P P P P P P P P P P P P P P P P P	23a. B		ATION REMOVAL	23b. DATE 1/27/8	23c. NAME OF C 1st.]			23d LOCATION CITY OF TOWN TY POCOM		V. Worce	state
DHMH-17 (VR A15 ME (5)) 15M 2/80		UNERAL DIRE			Princes		250. DATE AE	No. By Jedistra	156 PEOLISTRAN	S PNALUPIA	den .



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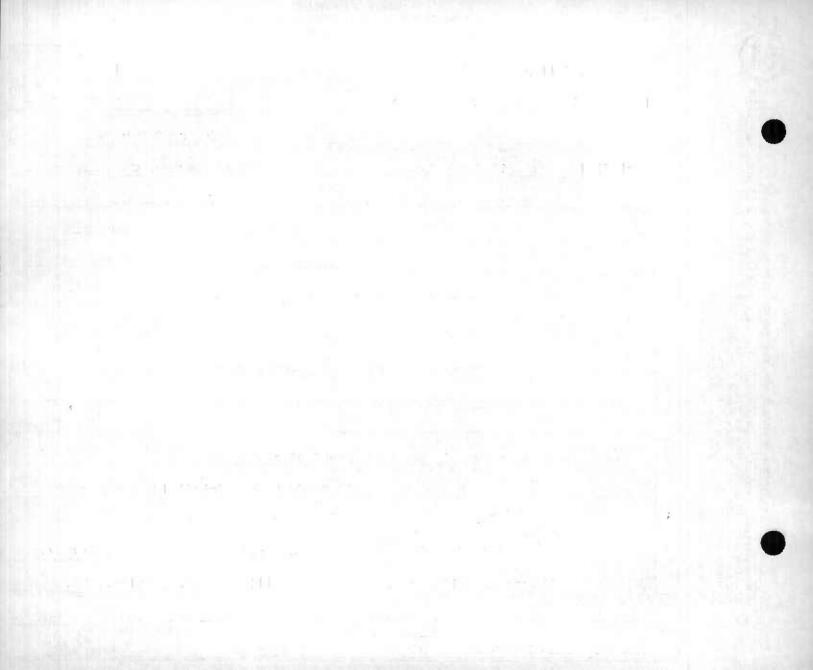
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Princess Anne

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9 7 3 5 H	3. SEX	10	Fulle		Andrew	[]	Dodson .	SR.	DEATH MATED		30 19 82	M
C IS NEGESSARY, REAL HE FUNERAL DIRECTOR. GE & FOR YOUR FILES LED, WITHIN 72 HOURS OI W. PRESTON STREET,	Ma			5. DATE OF BIRTH DAY Aug. 26	, 1927 54				PRONOUNCED DEAD		30 19 82	3:20
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OIVIE CERTIFICATION OF THE CORE		WHILE	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		TREET		CITY OR TOWN	COUNTY		STATE
D THIS WAR WAR STATE	1	T WORK	AT WORK	<u></u>	house	518		.ane	Crisfield	Some	erset	Md.
A PAR		22a. I certify	that I took charge	of the suppoint desi	cribed above, held an	Autop			Inquiry , on	d in my opinio	n	
STEECT STEECT		death resulted	from: Mitue	alffuses	Aggident	Sufficie	Hamicide X		rmined manner,			
MAN WANTED		CTUAL	6/1	rouse	1 Zuis	#	TITLE (SPECIFY)			DATE	1 /70 /	00
EAFEANTE C	S	IGNATURE	1		0 100	M-w	Deputy C	nre TMEDI	CALEXAMINER	DATE SIGNED_	1/30/	52
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	E	XAMINER'S NATIVE OR PRINT	The The	omas D. Si	mith, M.D.		ADDRESS	III Pe	nn St. Ba	alto.,	MD.	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	23o. BUR	IAL, CREMATIC	ON, REMOVAL 23		23c. NAME OF C				CATION			
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DHMH - 17	- N	IERAL DIRECTO		ADDRESS	Suitland				REGISTRAR 256 REGI		ATURE	
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FOREIGN CL. Mary 10. CITY OR Cris USUAL RESII 130. STATE Mary 14 FATHER'S FIRE 160. WAS DE (YES, NO. O. NO.	ACE (STATE OR OUNIRY) Land TOWN OF DEATH Field DENCE (IF IN NURSING HOME) S NAME ST EMBS ECCEASED EVER IN U.S. A OR UNKNOWN) (IF YES, GA	5. DATE OF BIRTH MONTH DAY 12 25 7b. CITIZEN OF WI USA 11. NAME OF HOS (IF NOT IN SUCH FA HOME OF OTHER INSTITUTION, GI	1896 85 HAT COUNTRY? SPITAL, NURSING HO CILITY, GIVE STREET ADDRE	DRUMM IN YEAS IF UNE RIHDAY) YRS. B. MARRIE WIDOWE OME, OR OTHE OAD OAD WISSION) N eld	DER 1 YR. IF UNDER 2 DAYS HOURS D NEVER MARRIE D DIVORCE R INSTITUTION	DEATH A 4 HRS. 2t. DATE MIN. PRONOUNC DEAD 9. BALTIMO	ESTI- MATED RECITY OR C DMETSET TION (TYPE OF YOR GLIFE) C C	WORK 12b. K	19 82 4 a Y YEAR 2d HOI 19 82 9 a
70. BIRTHPLA FOREIGN CC Mary ID. CITY OR Cris: USUAL RESIL 130. STATE Mary 14 FATHER'S FRI 160. WAS DE (YES, NO. O. N.	ACE (STATE OR OUNTRY) land TOWN OF DEATH field DENCE (IF IN NURSING HOME) S NAME ST ECCASED EVER IN U.S. A OR UNKNOWN) (IF YES, GO	MONTH DAY 12 25 76. CITIZEN OF WI USA 11. NAME OF HOS (IF NOT IN SUCH FA HOME FOR OTHER INSTITUTION, GI NTY erset	YEAR LAST BIR 1896 85 HAT COUNTRY? SPITAL, NURSING HO CILITY, GMS STREET ADDRE COUNTRY, GMS STREET ADDRE COUNTRY RESIDENCE REFORE ADM 133. CITY OR TOWN	B. MARRIE WIDOWE, OR OTHE (SS) OAdway	D DAYS HOURS D NEVER MARRIE D M DIVORCE R INSTITUTION 134. INSIDE (ITY LIMITS?	4 HRS. 26. DATE PRONOUNCE DEAD 9. BALTIMO 126. USUAL OCCUPA FOR MOST OF WORKE HOUSEWIT	RECITY OR COMERSE TO THE COMERS OF A COMER	OUNTY OF	1982 9 a. DEATH
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USUAL RESII 136, STATE Mary. 14 FATHER'S FIRE 160, WAS DE (YES, NO. O.	DENCE (IF IN NURSING HOM) 13b. COU SOM S NAME ST EMBS ECCEASED EVER IN U.S. A OR UNKNOWN) (IF YES, GA	(IF NOT IN SUCH FA HOME COR OTHER INSTITUTION, GIVEN BY THE COR OTHER INSTITUTION, GIVEN BY THE CORRESPONDING TO T	CILITY, GIVE STREET ADDRE - 201 Brown VE RESIDENCE BEFORE ADM 13c. CITY OR TOWN	oadway wission) n eld	13d. INSIDE CITY LIMITS?	Housewif	e life)		OR INDUSTRY
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Ja Ja 160. WAS DE (YES, NO. O	ST B.MES ECEASED EVER IN U.S. A DR UNKNOWN) (IF YES, GN				TES NO L	201 Broad	s lway		
No. O	OR UNKNOWN) (IF YES, GR		Sterling		15 MOTHER'S MAIDEN FIRST Mary 17. INFORMANT	MIDI	1.	Trac	last ler
IB C		/E WAR OR DATES)	214-32-		J. William	Drummond	- same	as 13	3 abcde
C 9 9 cc ly	AUSE OF DEATH (Enter of ART I DEATH WAS CAUS IMMEDI. Conditions, if any, whice pare rise to immediate ause (a) stating the under ring cause lost. DTHER SIGNIFICANT (DNDITION	ED BY: ATE CAUSE (o) DUE TO, OR (b) LE (c)	Cardio-re AS A CONSEQUENCE AS A CONSEQUENCE	espirat CE OF	ORY ARTEST	1 (a).		88	TWEEN ONSET AND DEAT
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STATE OF MARYLAND

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	x ale	4. RACE White	MO	6 BIRTH	03			DER 1 YR.	IF UNDER	R 24 HRS. MIN.	2c. DATE PRONOUNC DEAD	:ED	1	20	YEAR 1982	2d HC
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S	ALRESIDENCE OF ATTAILS	13b. C	OUNTY Merse		13c. CITY	OR TOWN	ION)	13d. INSIDE	NO 🔀	13e. STR	et address Marin	s ers l	Road			
	ATHER'S NAME	nson	MIDO		Đ	last vans			ER'S MAID	EN NAME	MIDI	DIE		Ward	LAST	
10	WAS DECEASED YES, NO, OR UNKNO NO	DEVER IN U.S WN) (IF YES	S. ARMED F			-12-64		Mary		Ivans	- sam	ADDRESS e as		bed	Э	
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CERTIFICATION	190. DATE OF	OPERATION		196. CONDI	TIONFOR	WHICH OPER	ATION W	AS PERFOR	RMED?						AUTOPSY	? NO [
	210 EXTERNA UNDERLYING CONTRIBUTION			21b. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	21c. HG	OW INJURY	OCCURR	ED (ENTERI	ATURE OF INJUR	IY IN ITEM 18	PART 1 OR F	ART 2)		
MEDICAL	21d. INJURY O WHILE AT WORK			STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN	4	c	OUNTY		STAT
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3 a.	BURIAL CREMAT	ION,REMOV	AL 23b. DA		23c. 1	NAME OF CE		R CREMAT	ORY	23d. LC	CATION PRIOWN Sfield			UNTY	\$1	TATE ID
24.	FUNERAL DIRECT	tor naw & 1	Sons	ADDRESS	Cris	field,	MD	21817		REC'D. BY	REGISTRAR					Ž.

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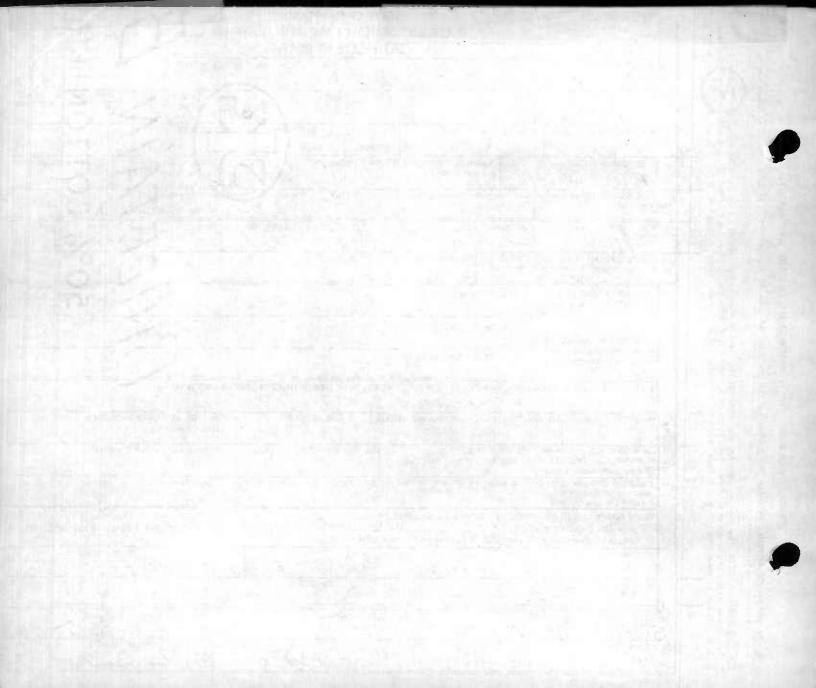
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		CEASED NAME First ype ar print)	dred C.	Johnson	2a. DATE OF DEATH / Month Do	19 Yeor 5:55AM
	3. SE	×	4. RACE	S. OATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
5	7a. E caun		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED THEVER MARRIED WIOOWEO DIVORCED	9. COUNTY OF DEATH SOMES	esex Md.
7		ITY OR TOWN OF DEATH RISFIELD	11. NAME OF HOSPITAL OR IN:	STITUTION (If not in hospital during me	L OCCUPATION (Kind of work done ast of working life, even if retired.)	
6		USUAL RESIDENCE (Where decease sistem) STATE	ed lived, if institution: Residence before 13b. COUNTY 5 CMERSES	/ VECT NO		1275 A
0	,	FATHER'S NAME First	Middle John 50	1,100,0		Roberts
		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wi	NED FORCES? 16b. SOCIAL SECURITY ar or doles of service)		Address	
		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c). BY: OBY: OUE TO, OR AS A CONSEQUENCE/OF (b) DUE TO, OR AS A CONSEQUENCE OF	Jeeng		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	CERTIFICATION		IDITIONS CONTRIBUTING TO DEATH BUT N CONDITION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
7	MEDICAL CER	OR CONTRIBUTING (AUSE OF DE)	er) P.M.	9	nature of injury in Port 1 or Port 2,	
	W	While Not while at work at work 22a. I certify that (1) (thi	is haspital) attended, the deceas	ed fram , 19	1/10/-30 N	County State That (1) (we) last
		saw the deceased al causes stated above 22b. SIGNATURE	(1) (we) (did) (did nat) view the	MB ATTENDING TO M		DATE SIGNED
1		ZZd. PHYSICIAN'S XAME (Type) TAM			CRISFIELD	MD
	13	7	b. 3, 1982 Eber		23d. LOCATION (City or Town) 12 TUM SCO Y REGISTRAR 25b. REGISTRAR	Sorm, (State)
M	24.	PORMA J.	Ward P.O. Box 11	9 Marian Marian EB	2 1982 Trans	Jan Marth

DHMH - 16 3/72 25M (VR A15 (4))



		1.	FOR - STATE REGISTRAR			DEPARTA			MENTAL HY	SIENE 3	REG. N	40	2	Ö	7 3
	U 3		CEASED NAME	FIRST	TANT	MIDDLE	LAS	-		20 DATE C		MONTH	DAY Y	EAR	2b HOUR
7 25		(170)	OR PRINT)	Char1	otte	Sterling	Ke	11am				1	28	82	1:10P M
		3. SE		Onall	4 RACE	o cer i i i e	5. DATE OF			A AGE UN	YEARS LAST BI	PTHDAY	IF UNDER		IF UNDER 24 HRS
[10]				3000			MONTH	DAY	YEAR				MONTHS!	DAYS	HOURS MIN.
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# # D Street	9,	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OTHER INST	TITUTION		OCCUPAT		12b K		BUSINESS OR
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hin 24 hour sty filled in should be f	01	USU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)								
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ENDING of or o OR; Afte Use os Health		1	220 certify that (1)	this basnit	al) attended th	e deceased from	1-1	-5	10 82	- 1	-28		10 26	7	. 25
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR Bradshaw & Sons

230 BURIAL, CREMATION, REMOVAL 23b. DATE 1/30/82

Crisfield, Md. 21817

23c. NAME OF CEMETERY OR CREMATORY

Asbury Cemetery

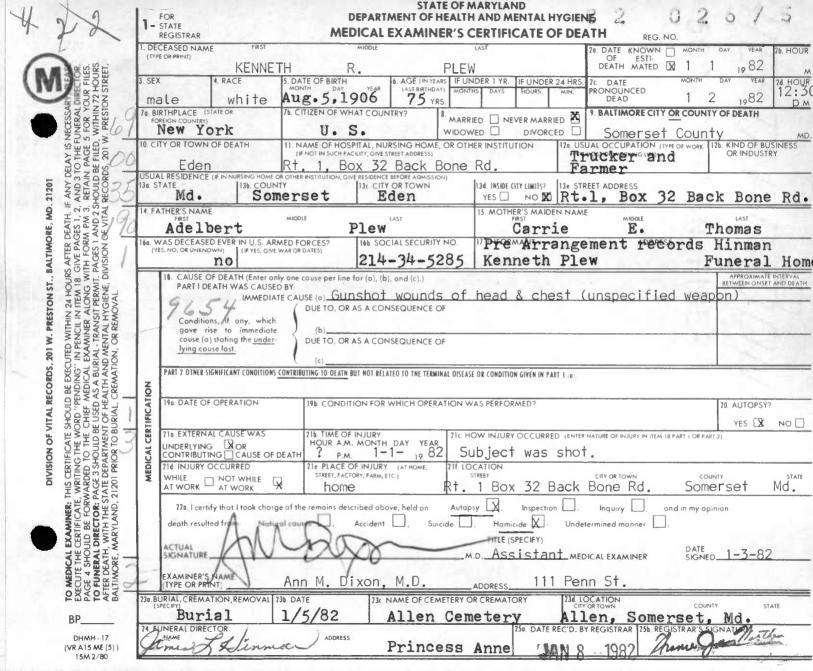
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22	FOR STATE			DEPARTM	ENT OF H	EALTH		NTAL HY		Ž.	0 2	201	1 4
	REGISTRAR 1. DECEASED NAM	AE FIRST	ME	DICAL E.	XAMINI	ER'S C	ERTIFIC	ATE OF	DEATH 20. DA	REG.	_	DAY YEA	R Zb. HOUR
S S S F.	(TYPE OR PRINT)	011	n	Donal	d	N	elson		C	F ESTI-		30 1982	
PLEASE ECTOR. FILES. HOURS STREET,	3. SEX	4. RACE	S. DATE OF BIRTH		AGE (IN YEA	s IF UN	DER 1 YR. I	IF UNDER 2	4 HRS. 2c. D	ATE	HÍNÓM	DAY YEA	
SSARY,	Male	White	9 16	34	47 YR		IS DAYS	HOURS	PRON	DUNCED EAD	1	30 1982	3:20 3:4 HOUR
O Segue	70. BIRTHPLACE IFOREIGN COUNTRY Marylar	d	76. CITIZEN OF W	HAT COUNT	RY?	MARRI WIDOW	ED NEVI	ER MARRIEI DIVORCED	'	timorecit nerset		TY OF DEATH	MD
DELAY IS NEGEE TTO THE FUNE N PAGE 5 D BE FILED, ITT	Orisfi	eld		ACILITY, GIVE STRI	EET ADDRESS)		ER INSTITUTI	- 1	FOR MOST OF	WORKING LIFE)		12b. KIND OF OR INDU Feed M	STRY
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L. BALTIMORE, URS AFTER DEA B. GIVE PAGES WITH FORM P. IT. PAGES YAN DIVISION OF P.	IYES, NO, OR UNKN	DEVER IN U.S. AF	E WAR OR DATES)		32-032		Della		ard - j	ADDRE		Crisf ove- M	ield,
EDS, 201 W. PRESTON ST., BALTIMORE XECUTED WITHIN 24 HOURS AFTER DEL NG" IN PENCIL IN ITEM 18. GIVE PAGE AGE EXAMINER ALONG WITH PORM 1 BURIAL TRANSIT PERMIT. PAGES 1AR AND MENTAL HYGIENE, DIVISION OF VATION, OR REMOVAL.	gove couse (d lying co	ons, if any, which ise to immediate stoting the <u>under</u> use lost.	(b) DUE TO, OI	R AS A CONS	EQUENCE O	F	f ches						
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HAULE HOULE CHIEF A CHIEF A COF HE	JIFIC											YES X	
DIVISION OF VITAL RE MARE: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD, "PEI F FORWARDED TO THE CHIEF N TOR: PACE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C	UNDERLY IN CONTRIBUT	ING CAUSE OF	DEATH 2:40%	A. MONTH E	30 1982		self i		ted	PF INJURY IN ITEM	18 PART T OR P		
2488£	21d. INJURY WHILE AT WORK		STREET, EAC	OF INJURY TORY, FARM, ETC.	(AT HOME.		Gandy	Lane		sfield		omerset	STATE Md.
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	ACTUAL SIGNATURE	name	Thomas D.	Acceptant (Suight Suight	₹_M.	Hamicid TITLE (SPE D.Deput	ecify) y Chi	Undetermined Penn	AMINER	ond in my of		0/82
	230. BURIAL, CREMA I SPECIFY) Bur	TION, REMOVAL		23c. NA	ME OF CEM	ETERY OF	CREMATOR netery		23d. LOCATIO CITY OR TOWN CITY STICE				STATE
DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIRE	CTOR	s - Crisfi					FEB 3	D. BY REGIS	TRAR THE	GISTINGS	SIGNATURE	

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		- STATE REGISTRAR ECEASED NAME FIRST	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
21		PE OR PRINT)	5701	26. DATE OF DEATH MONTH DA	YEAR 26 HOUR AM
0.0	3. S		IAE PUSEY IS DATE OF BIRTH	JAN. 2, 1982 6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
(BA)		FEMALE W	HITE OCT. TH. 1894 YEAR		ONTHS DAYS HOURS MIN.
	7a. I	COUNTRY)	U.S.A. WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF SOMERSET CO.	
11 00		PRINCESS ANNE	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AT HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
and	30.	AL RESIDENCE (IF NURSING HOME OR OTHER IN STATE 136 COUNTY MD. SOMERSE	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138. CITY OR TOWN 138. INSIDE CITY LIMITS? PRINCESS ANN RES (NO [])	ANT IOCH AVE.	
and 2 to	2	JOSEPH BANK	Louis Baker 15. MOTHER'S MAIDEN NAV	MEMOIlie MDDLElizabet	h Noel
Poges		WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) NO		ADDRESS GOURLEY PRINC	CESS ANNE, MI
d by the ottending physic lease remove carbonoppe ial, cremation, or removal or other troumatic event,		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Myocardial infarction UE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis of corons UE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSELAND PEATH minutes years
is been signe ermit Then p e prior to bur s ony injury, s	CERTIFICATION		IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM B. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
certificate ho		OR CONTRIBUTING CAUSE OF DEATH	OUR A.M. MONTH DAY YEAR	YES NO YES ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	O NO O
s the buriols hand Mental riked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK (AT	P.M. 19 PLACE OF INJURY HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
· · · · · · · · · · · · · · · · · · ·		220. I certify that (I) (15 12 pital) atte sow the deceased alive an 10- above, (I) (we) (did) (did nat) view the 22b. SIGNATURE	-23-81 19 and that in (my)Xour) opinion of DEGREE	to 1.2.82 . 19 leath occurred on the date and have a	
retained by the haspinal or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept of Heal IMPORTANT: If them 21 is m		22d. PHYSICIAN'S NAME (TYPEORPRINT) EVERETT SUTTER BURIAL, CREMATION, REMOVAL 23b. D	r MD Dames Quart	or Maryland 21820	1-4-82

AT SOMETHING THE THE STATE OF T X: BETTER LANGUET S. ALEMAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN L DECEASED NAME 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED INFECTOR.

PLEASE

PLES.

HOURS Geraldine Emma. Rantz 82 30 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3:20 a M DATE LAST BIRTHDAY) PRONOUNCED 4. Oct. 1918 63 DEAD White 19 82 Female YRS 30 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED U.S.A. X WIDOWED DIVORCED Somerset County O. CITY OR TOWN OF DEATH S 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY Crisfield 518 Gandy Lane Housewife EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3 PETAIN PTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VAITAL RECORDS. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b. COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 518 Gandy Lane Maryland Somerset Crisfield NO TO YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AHIDDLE MIDDLE Arthur Louise Sterling Adams 17. INFORMANT R. O. Box 28 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 216-16-7123 Donald L. Howard no none Marion, Md. 21838 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest and abdomen DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY ZIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2:40 30 19 82 subject shot 21e PLACE OF INJURY 21E LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 518 AT WORK Gandy Crisfield Md. Somerset Lane 22s. I certify that I took sh and in my opinion death resulted from Undetermined mooney TITLE (SPECIFY) ACTUAL M Deputy Chiefmedical examiner 1/30/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 2/3/82 23d LOCATION CITY OR TOWN Crisfield 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Crisfield Cemetery Somerset Md. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Marie Bradshaw & Sons (VR A15 ME (5)) Crisfield. Md. 15M 2/80

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA LEALTH AND A LICATE OF D	MENTAL HYG		NO.	2 5	18
		CEASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR D
	(1112	OR PRINT)	Hatti	e	0.	S	terling			1-23	-82	12:45 M
	3. SE	X		4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Whi	te	Sept	· 29,	1896	85	YRS	MONTHS DAYS	HOURS MIN.
1	1	RTHPLACE (STATE OR COUNTRY)		USA		WIDOWE		ORCED	9 BALTIMORE CITY Some rse		Y OF DEATH	MD.
- Constant	Cr	isfield		Edw. V	HOSPITAL, NURSIN HEACHTY, GIVE STREET MCCrea	dy Mei	m. Hosp	ital	12a USUAL OCCUP (TYPE OF WORK FOR MO NONE		17b. KIND (OF BUSINESS OR
7	130. S	AL RESIDENCE (IF NURS	136 COUN	other institution. IY ierset	Cristie		13d. INSIDE CI YES 🔲	NO X		d Stat	e Rd.	
1		THER'S NAME FIRTHER'S NAME			Sterl			MAIDEN NAM	Ann		McCrea	
	()	VAS DECEASED EVER (ES, NO OR UNKNOWN) 10		WAR OR DATES)	218-48-5		Alice		auchamp	105 Pr Prince	ince Wm	St.
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL)	I8 CAUSE OF DEAT PART I. DEATH W 4 8 6 C Conditions, if any, gove rise to imm couse (o), stofin underlying couse PART 2. OTHER SIGN	which nedicte gother.	DUE TO, OI (c) DUE TO, OI (c)	R AS A CONSEQUE	ENCE OF	nia	TO THE TERM	D. GO. TRA TRIO LANG		2 of	/
	RTIFIC	19a DATE OF OPERA	ION		TION FOR WHICH				200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
	CAL	710. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEAT	P./	M. MONTH DA M.	Y YEAR			ED (ENTER NATURE OF IT	JURY IN ITEM 18	PART 1 OR PART 2)	
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO		(AT HOME STR	DF INJURY EET, FACTORY, OFFICE, FA		211. LOCATIO STREET	N	CITY OR	TOWN	COUNTY	STATE
		22a. I certify that (1) sow the decease above (1) (be) (c 22b. SIGNA (3RE	d alves	1-2-	3 10 2	32, on	d that in my)	our) opinion d	, toleoth occurred on the	dote and had		

224. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. James Sterling

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Crisfield Cemetery

Main Street, Crisfield, Md.

21817 23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

Bradshaw & Sons, Main St., Crisfield, Md.

1/25/82

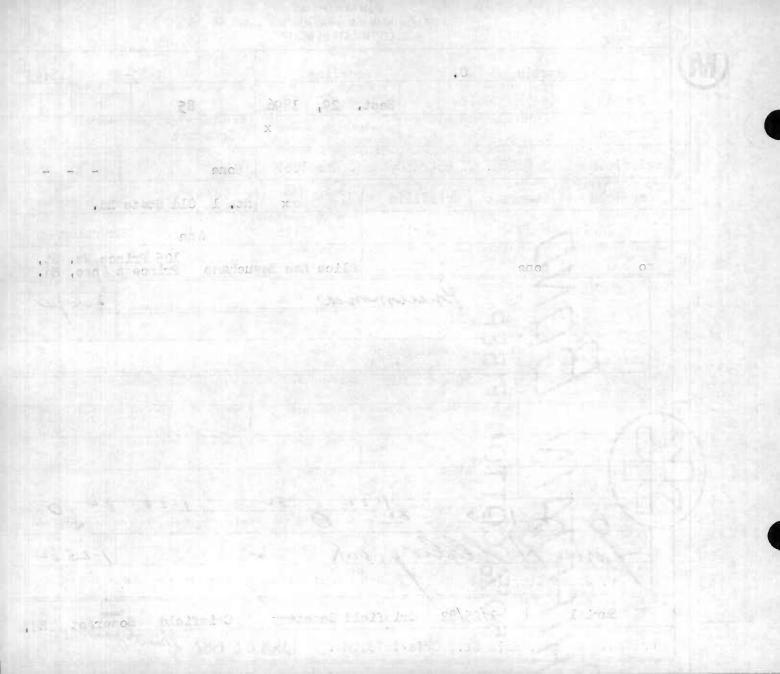
23d LOCATION
CITY OF TOWN
Crisfield Somerset

DHMH - 16 50M 1/81 (VRA 15, 4)

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should be detoched for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is morked

or Hem 18 shows ony



15		FOR STATE REGISTRAR		4	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	0 2	19
oy be age 3 deoth		CEASED NAME FE	Mary El	izabeth		Taylor	20. DATE OF DEATH	1-24-82	26 HOUR 5:40a
oge 4 moy rector, pag urs after d	3. SE	× Female	4 RACE	hite	S. DATE		6. AGE (INYEARS LAST BE	RTHDAY) IF UNDER 1 YEAR MONTHS. DAY	IF UNDER 24 HRS
Jeoth. Por in 72 hour for once.	∤ 0. B	IRTHPLACE (STATE OR FOREI		N OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY S	OR COUNTY OF DEATH	MD
by the fu		ITY OR TOWN OF DEATH Crisfield	Edw.	W. McCrea	ING HOME O	OR OTHER INSTITUTION	128 USUAL OCCUPAT LYPE OF WORK FOR MOST	OF WORKING LIFE) LINDUSTR	OF BUSINESS OR
filled in hould be	13a		SOM	136 CITY OR TO	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ad	
pmpletely ond 2 si exomine		ATHER'S NAME FIRST Henry	WIDDLE	Abbott		15. MOTHER'S MAIDEN NA	MIDDLE	Abbott	AST
on ond co		MAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FOR YES, GIVE WAR OR DA			Anna Dize	, Star Rt	ESS	
equires that the death cer is signed by the ottending Then please remove carbo to burial, cremation, or re njury, or ather traumotic e	NO	Conditions, if any, which gave rise to immediate couse (o), stating underlying couse let	ote the DUE	TO, OR AS CONSEON (b) CONSEON TO, OR AS A CONSEON (c) CONSEON	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PART	lio'
ion. the low rection. the hos been the permit. there prior the permit.	CERTIFICATION	198. DATE OF OPERATION	J 19b C	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
TENDING PHYSICIAN: The following physicion or attenthis certificate for use of the buriol-tronsit if Health and Mental Hygie I is marked or them 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL EI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 1) (I (this saw the deceased of the contribution of the contribution).	EOF DEATH HOL KAMINER) 21e. P (AT HO haspital) attend		. FARM, ETC.)	21c. HOW INJURY OCCURI	CITY OR TO	own county	STATE . that (I) we) lost
TO HOSPITAL OR ATTENDIN retoined by the hospitol or TO FUNERAL DIRECTOR. Aff should be detoched for use o with the Stote Dept. of Health IMPORTANT: If them 21 is mon		above (I) we) (did (1) 22b. SIGNA URE 22d. PHYSICIAN'S NAME Dr. James	did nat) view the	body ofter death.	y, 1	DEGREE ATTENDING PHYSICIAN 22e ADDRESS Main St., C	MEDICAL STA DIRECTOR PHYSIC	FF 22c DAT	E SIGNED
BP	23a. E	SURIAL, CREMATION, REM				emetery or crematory l's Cemeter		Som.	Md STATE
OHMH - 16 50M 1/81 (VRA 15, 4)	Re	ebster Junera	Absler Home,	Princess A	ox 35 Anne,		B 1 1982	25 MGISTRADIC SIGNA	Meath

DHMH-16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND

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1	FOR STATE			DEPARTA		EALTH AND A		GIENE O 4		1 2 0	0
	REGISTRAR				CERTII	ICATE OF D	EATH	REG	. NO.		
	CEASED NAME	FIRST		MIOOLE		LAST	300	20. DATE OF DEATH	HINOM	OAY YEAR	26 HOUR
		Eli	zabeth	S.		Tull		1000	1-30	-82	9:00a M
3. SE	Х		4 RACE		5. DATE (OF BIRTH		6 AGE (IN YEARS LAS	BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White		May		1913	68	YRS	MONTHS DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. *** A D D I C	D NEVER M	ADDIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	Maryland		US	SA A	WIDOW		ORCED	Come	rset		MD
10. 0	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCUP	ATION		OF BUSINESS OR
	Crisfield			McCready		. Hospi	tal	Housewi		IFE) INDUSTRY	
	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE	AOMISSION)	1134 INSIDE CI	TV 1 144 17 C 2	13e STREET ADDRES	cc		
Ma	aryland		erset	Crisfie	eld	YES TO	NO 🗌	329 Main		Davis A	ots.
14. F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S		ME			
1	George		N.	Sterling			ara	MIDDL		Mea	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAL	٦٢	7/18 48	DRESS (Cove Aps	
	YES NO OR UNKNOWN)		ne	212-56-	1988	Richard	L. Tu		ield. N		
	18 CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c).							MATE INTERVAL			
	PART I. DEATH WAS CAUSED BY. GARDIO PULMONARY Hovest										
	5850 DUE TO, OR AS A CONSEQUENCE OF										
	Canditians, if ony,	Canditions, if ony, which (16) STAGE IV CARDIAC a Decomposition									
	gave rise to ime cause (a), statir		DUETO	R AS A CONSEQUE	NCE OF	_	7_0 tdu				
	underlying cause	last.	(0)	ARONIE	REA	JAL FA	LURE	E, C In	Fecti	00	
	PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	CHRO	CHRONICLIVER FAILURE 25 to CONGESTIVE HEART Foilur									
Q.	190 DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	RWED	200 AUTOPSY?		S, WERE FINDIN	
RTIF								YES NO] YE	ES 🗌	NO 🗆
	21a. ACCIDENT WAS UNIT	-	1 216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2)	
S S	(IF EITHER NOTIFY MEDI		1111		19						
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	ARM FIC I	21f. LOCATIO	N	CITY O	RIOWN	COUNTY	STATE
~	AT WORK NOT WE			and the second second							
	22a.1 certify that	-	7 1			N 22	. 19	2 . to T	1 N 30	7	tha (D) we lost
	sow the decease abave, (N we)	ed alive on	JAN View the bady	after death	82,0	nd that in my	opinian	deoth occurred on the	dote and ha	uı and from the	couses stoted
	UL STONATURE		1	. 1		DEGREE		1	7-3	22c. DAT	SIGNED
(Klin	on	Ree	de		A P	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	2/2	182
1	224 DIEVSIC LANDINGS	AND THE	NO.		_	Tare ADDRESS					-

should be detoched for use as the buriol-transit permit. Then please remove is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR After this certificate has been IMPORTANT: If Hem 21 is BP.

marked or Item 18 shows ony

DHMH - 16 50M 1/B) (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 2/2/82

Dr. Zenon Kecala

23c NAME OF CEMETERY OR CREMATORY 23d. I Private Family Cemetery

McCready Hospital, Crisfield, Md. 21817

RETERY OR CREMATORY

Pamily Cemetery

Crisfield

Somerset

12

Crisfield

Cr

24 FUNERAL DIRECTOR Bradshaw & Sons, Main St., Crisfield, Md. TABRESTO BY 958 STRAR PARTY REGISTRAR SIGNATURE

THE STATE OF THE S) () () restoration and metallicing the case The second secon the Programmed blotter to your shoot the control of the X 034

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	Long	U

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST	WIOOFE	l,	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
1	Viola	F	1	Villiams		1-26	-82	6:10 a,
3. S	EX	I. RACE	5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Negro	8 MONTH	9 1907	74	YRS.	MONTHS DATS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN 7	USA	8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY S	R COUNTY	OF DEATH	MD
10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME C		17a USUAL OCCUPAT	ION		OF BUSINESS OR
		Edw. W. McCready		Hospital	LABORK	DF WORKING (II	SEM	Frod
130.	JAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Maryland Some	TY 13c. CITY OR TOW		134 INSIDECITY LIMITS?	13e. STREET ADDRESS	5	it.	
	ATHER'S NAME	IDOLE HONS	EU	15 MOTHER'S MAIDEN NAM			n5611	ST
160	no	MED FORCES? 166. SOCIAL SECUI WAR OR DATES) 220-01-6 y one cause per line for (a), (b), quo	5560	WAGE H	brsky BH	1/1.	md	IMAYE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	ULMONARY ART FAILURE DOWN, SEPTI	PNEUM			
7		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 10	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	SEASE ARTEI N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES	holecy, were finding causes	NGS USED	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	22a.1 certify that (1) (this haspita sow the deceased alive an above, (Twe) did find not	ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	32 . on	19 8 2 nd that in (mg) (cm) opinion d	, to JAN. leath occurred on the d	2 6° ote and hou	r and from the	couses stated
1	- OKL			PELIKEE			77/ DATE	VIII-NED

Dr. Zenon Kecala 230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING PHYSICIAN

COUNTY

McCready Hospital, Crisfield, Md.

MEDICAL STAFF
DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR Anthony Ward, Cove St., Crisfield, Md. 21817

JAN 29 1982

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has be-

LOPAR LO COMPANY DE LA COMPANY